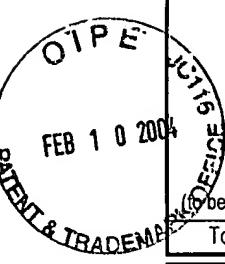


2-11-04

RECEIVED
12665 \$
**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Total Number of Pages in this Submission

Application Number	09/524,966	FEB 17 2004
Filing Date	03/13/2000	
First Named Inventor	Hetherington	
Group Art Unit	2665	
Examiner Name	Han, Clemence	Technology Center 2600
Attorney Docket Number	CE08291R	

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <ul style="list-style-type: none"> <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Response to Notice of Non- Recordation of Document
Remarks		

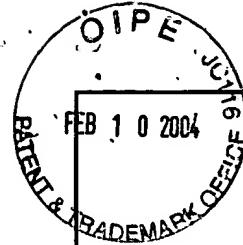
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Lalita W. Pace	Registration No.	39,427
Signature			
Date	February 10, 2004		

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being by express mail no. ER 308437630US to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date listed below:

Typed or printed name	Nanette Orr	Date	February 10, 2004
Signature			



FEB 10 2004

FEE TRANSMITTAL

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$110.00)

Complete if Known

Application Number 09/524,066

Filing Date 03/13/2000

First Named Inventor Hetherington

Examiner Name Han, Clemence

Group Art Unit 2665

RECEIVED

FEB 17 2004

Technology Center 2600

Attorney Docket No. CE08291R

METHOD OF PAYMENT

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

50-2117

Deposit Account Name

Motorola, Inc.

 Charge Any Additional Fee required under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

 Check Credit Card Money Order Other

3. ADDITIONAL FEES

Large Entity	Small Entity
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Fee	Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	410	2252	205	Extension for reply within second month
1253	930	2253	465	Extension for reply within third month
1254	1450	2254	725	Extension for reply within fourth month
1255	1970	2255	985	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1300	2453	650	Petition to revive - unintentional
1501	1300	2501	650	Utility issue fee (or reissue)
1502	470	2502	235	Design issue fee
1503	630	2503	315	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(g)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))
1801	750	2801	375	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application
				Other fee (specify) Statutory Terminal Disclaimer - \$110.00

SUBTOTAL (1) (\$0.00)

2. EXTRA CLAIM FEES

Previously Paid**	Extra Claims	Fee from below	Fee Paid
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Total Claims

<input type="checkbox"/>	- <input type="checkbox"/> 20	= <input type="checkbox"/>	X <input type="checkbox"/> 18 = <input type="checkbox"/>
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Independent Claims

<input type="checkbox"/>	- <input type="checkbox"/> 3	= <input type="checkbox"/>	X <input type="checkbox"/> 84 = <input type="checkbox"/>
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Multiple Dependent

<input type="checkbox"/> 280	= <input type="checkbox"/>
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Large Entity Fee (\$)	Small Entity Fee (\$)	Entity Code (\$)	Fee Description
1202	18	2202	9 Claims in excess of 20
1201	84	2201	42 Independent claims in excess of 3
1203	280	2203	140 Multiple dependent claim, if not paid
1204	84	2204	42 * Reissue independent claims over original patent
1205	18	2205	9 *Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$0.00)

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

* Reduced by Basic Filing Fee paid

SUBTOTAL (3) (\$)

Complete (if applicable)

SUBMITTED BY

Name (Print/Type)

Lalita W. Pace

Registration No. 39,427 Telephone 847/538-5855

Signature

Lalita W. Pace

Date February 10, 2004